

Name in Full

Certificate of Death

Died at

Date 19

Husband

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

of

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident Suicide Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Sophia Bear

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Age

Native of

Occupation

Feb

22

78

Pema

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 3.

~~Wife~~ of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Catarrh of Liver

How long sick

6 WKS

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

P. W. Warren. Ramsey

Address

Delta Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Bonnet

Town

County

MARYLAND

Died at Andover

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

28

Age

75

Germany

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

✓

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

6 mo

Death

Immediate

~~Accident, Suicide, Homicide~~

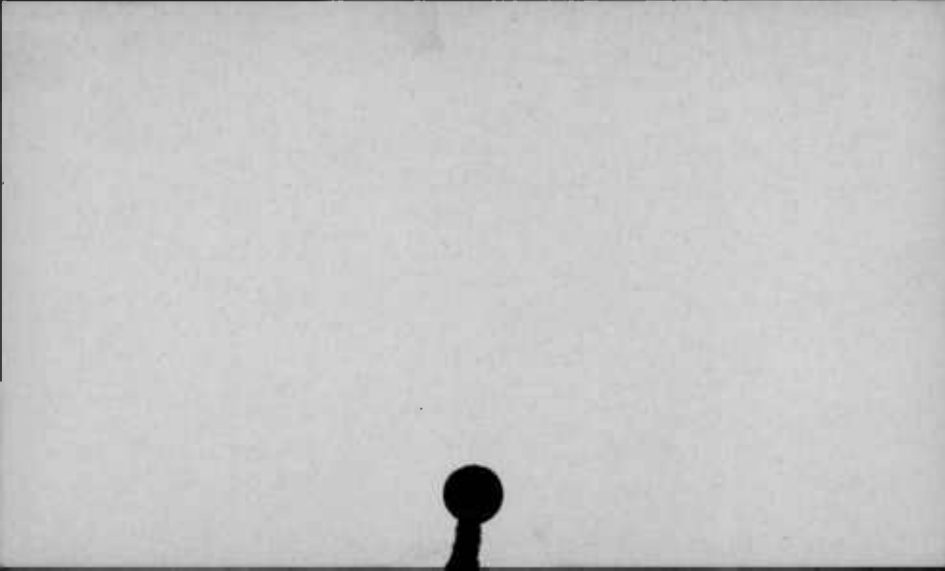
Reported by

Address

J. H. Kennedy  
Andover

Must be signed by physician, if any in attendance, otherwise by minister, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Mary Boone

Town

County

Died at

Waterale

Harford

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Feb 22

Age

14

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm. Boone

Mother's

Name

Caroline Bond

Cause of

Primary

Tuberculosis

How long sick

6 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. F. Vant Bibb, M.D.

Address

Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966





Name In Full

Certificate of Death

Sarah Ann Boone

Died at

Reelfoot

Town

County

Barford

MARYLAND

Date 1902

Month

Day

2 16

Y.

M.

D.

Age

one, 0, 17

Native of

Occupation

Harford - England

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Chas Boone

Mother's

Maiden Name

Fannie Lee

Cause of

Primary

Whooping Cough

How long sick

3 weeks

Death

Immediate

Congestion of the Lungs

~~Accident, Suicide, Homicide~~

Reported by

L. F. Hershbach M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803



Buchanan

Died at *Bale* Town *Hanford* County *MARYLAND*

Date 1902 *Feb. 18* Month *18* Day *3* Y. M. D. Native of *Ind.* Occupation *—*

*Male* *White* *Married* *Widow* *Divorced*

*Female* *Colored* *Single* *Widower* Number of children living *25*

Husband  
of  
Wife

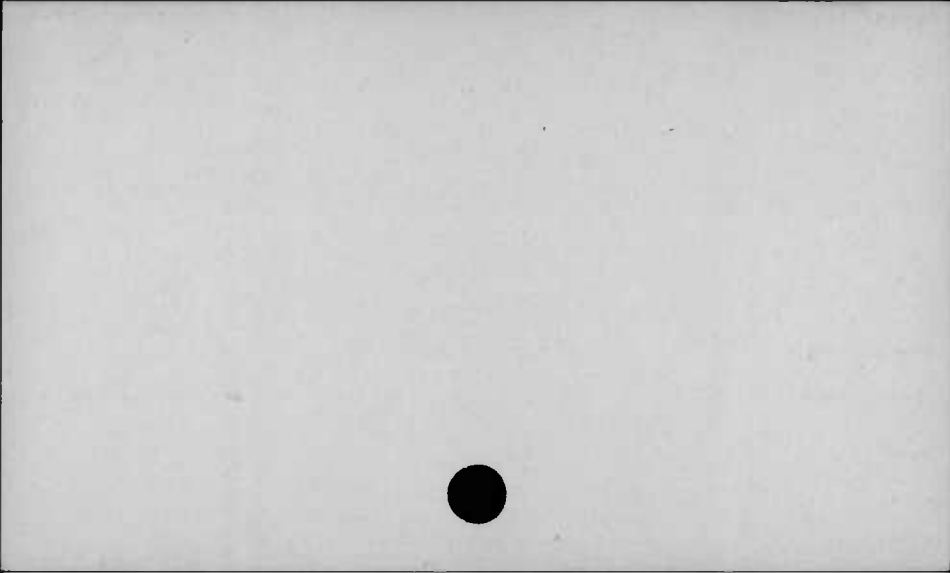
Father's Name *William Buchanan* Mother's Maiden Name *Offa Buchanan*

Cause of Death { Primary *Hemorrhage, from* How long sick  
Immediate *and shock* Accident, Suicide, Homicide

Reported by *Charles Bayley M.D.*

Address *Bayley* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Florence J. Burroughs

Town

County

Died at

Barnis Run

Harford

MARYLAND

Date 19

02

Month

Feb.

Day

1

Y.

27

M.

D.

Native of

Maryland

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

W. H. Burroughs

Wife

Father's

Name

W. H. Mahan

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

1 yr.

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Henry Tammig

Address

Meriden

of Connecticut

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Bussy

Town

County

Died at

Stickney

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 8

Age 68

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

~~Husband~~ of

Wife

Benedict Bussy

Father's

Mother's

Name

Edw. O'Donnell

Maiden Name

Maria Green

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

F. L. Hughes

Address

Gibson

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Patrick Callahan

Died at <sup>Town</sup> Creswell <sup>County</sup> Harford MARYLAND

Date 1902 - 7 - 23 Age 68 - 11 - 22 Native of Ireland Occupation Farming

Male White Married Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living Six

Husband of Anna Callahan  
 Wife

Father's Name Timothy Callahan Mother's Maiden Name Mary Lynch

Cause of Death { Primary Locomotion Ataxia How long sick 6 years  
 Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Dr. J. A. Callahan  
 Address Creswell, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Yr

M.

D.

Native of

Occupation

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

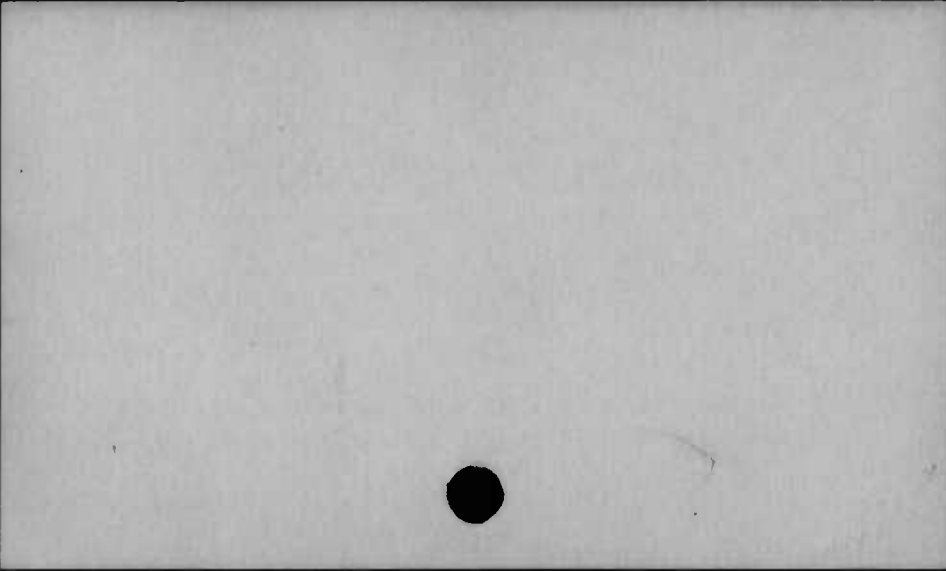
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 1, 67568



Name In Full

Certificate of Death

George Allen Fisher

Town

County

Died at

Baltimore

Harford

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

2

6

Age

58

8

Md

Carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

Mary Maifer

Father's

Name

Geo H. Fisher

Mother's

Maiden Name

Amelia Caldwell

Cause of

Primary

Exposure

Death

Immediate

Pneumonia

How long sick

2 days

Accident, ~~Suicide~~, Homicide

Reported by

W. E. Kirk

Address

Dorchester

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79093



Name in Full

Certificate of Death

R. N. Garrett

Town

County

Died at Morrisville

Harford

MARYLAND

Date 1902 Feb. 14

Month

Day

Y.

M.

D.

Age 57.

Native of

Occupation

Machinist.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Sarah A. Garrett

Wife

Father's

Richard Garrett

Mother's

Sarah Amos

Name

Maiden Name

Cause of

Primary

Ulcer of Stomach

Death

Immediate

How long sick

seven months

~~Accident, Suicide, Homicide~~

Reported by

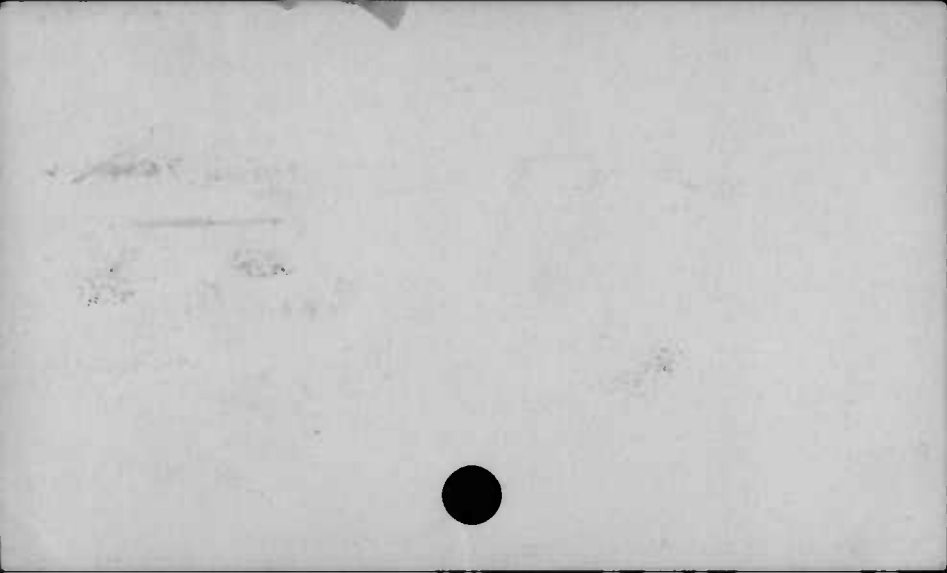
John W. Porlier M.D.

Address

New Park, Penna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803





Name in Full

Certificate of Death

Rebecca Harris

Town

County

Died at

Black Horse

Hartford

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Feb 16

Age

78

Maryland

Laborer

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single~~Widower~~

Number of children living

2

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Senile decay

How long sick

154  
Several monthsAccident, Suicide, Homicide

Reported by

F. Y. Turner M.D.

Address

Black Horse

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name in Full

Certificate of Death

Henry Malcolm Heape

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 16<sup>th</sup>

Age

11-12

Harford

Male

White

Married

Widowed

Divorced

~~Female~~~~Colored~~~~Single~~~~Widowed~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Hugh H. Heape

Marion Hartnigh

Cause of

Primary

Pneumonia (Catarrh), 3 weeks

How long sick

Death

Immediate

Weakness &amp; Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. W. E. Arthur

Address

Shut M<sup>d</sup>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Nathaniel Calvin Huknoon

Town

County

Died at Bradenbaugh

Harwood

MARYLAND

Date 1902      Month Feb.      Day 24      Y.      M.      D.      Age 86      Native of Maryland      Occupation Farmer  
 Male      White      Married      Widow      Divorced  
 Female      Colored      Single      Widower      Number of children living

 Husband  
 of  
 Wife

Father's Name Robert Huknoon      Mother's Maiden Name Breca Bell

Cause of Death { Primary Old age and  
 Immediate general debility  
 How long sick 3 years  
 Accident, Suicide, Homicide

Reported by

F. F. Turner M. D.

Address

Black Horse Ford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Joshua Johnson

Town

County

Died at Jarrettsville

Harford

MARYLAND

Date 1902 Feb 22

Month Day

Y. M. D.

Native of

Occupation

Age 60

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 6

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Mary R. Jones*

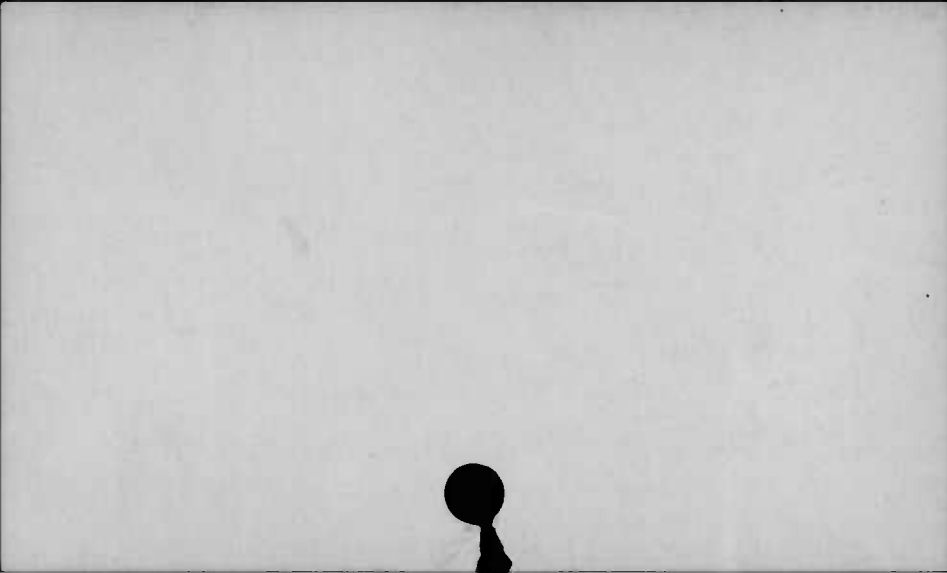
Died at *Cardiff* Town *Hanford* County *MARYLAND*  
 Date 19*02* *Feb* *13* Month Day Y. M. D. Native of *Maryland* Occupation *House Keeper*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of *Robert R. Jones* Deceased  
 Wife  
 Father's Name Mother's Maiden Name

Cause of { Primary *Pleurisy* *all* How long sick  
 Death { Immediate *Heart failure* ~~Accident, Suicide, Homicide~~

Reported by *R. Warren Ramsay*  
 Address *Della Pa* ✓

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Bil Air* Town *Harford* County *MARYLAND*  
 Date 19*17* *Feb* Month *19* Day *85-40* Age *M. D.* Native of *Occupation*  
 Male *White* *Married* *Widow* *Divorced*  
*Female* *Colored* *Single* *Widower* *Number of children living*

Husband of *Velora Jones*  
 Wife  
 Father's Name *Mother's*  
*64*  
 Maiden Name

Cause of *Primary Arterio-sclerosis -* How long sick *2 months*  
 Death *Immediate Cerebral hemorrhage* *Accident, Suicide, Homicide*

Reported by *A. F. Van Bibber, M.D.*  
 Address *Bil Air, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Albert Keys.

Town

County

Died at Jammettsville

Hartford

MARYLAND

Date 1902 Feb 5 Y. M. D. Age 17 Native of Md Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

John Keys

Mother's Maiden Name Florence Thomas

Cause of Primary

How long sick

Three weeks

Death Immediate

Accident, Suicide, Homicide

Reported by

Wm L. Smith M.D.

Address

Jammettsville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

*Larry J. Lynch*  
 Town *Harford Furnace* County *Harford* MARYLAND

Died at *1902* Month *Feb* Day *25* Y. *34* M. *34* D. *34* Native of *Md* Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Widower ☐ Number of children living

Husband of ☐ Wife of ☐

Father's Name ☐ Mother's Name *34*

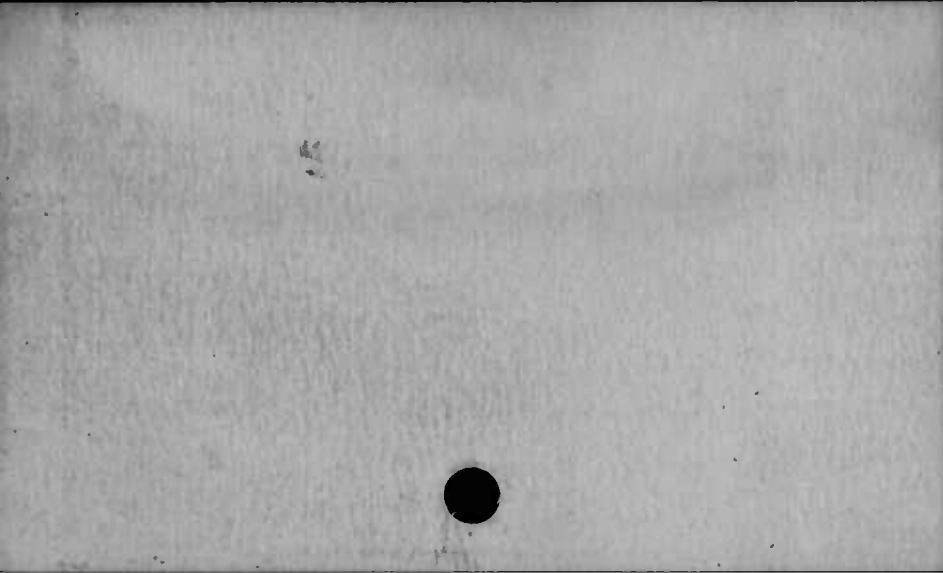
Cause of Death { Primary *General Tuberculosis* How long sick *Three years*

Death { Immediate *General Debility* Accident, Suicide, Homicide

Reported by *William S. Archer*

Address *Bel Air Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

*Rebecca M<sup>c</sup>Comas*

Died at *High Timber* Town *Heartford* County

MARYLAND

Date 1902 *2* Month *23* Day *75* Y. *—* M. *—* D. *—* Native of *Kent Co* Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*6*

Husband of *Erastus McComas*

Father's Name *Lewis Brown*

Mother's Maiden Name *Annie Winchester*

Cause of *Primary*

Death *Immediate*

*Consumption*

How long sick

Accident, Suicide, Homicide

Reported by *P Chapman*

Address *Reynolds*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Robert - Mc Cune

Died at Fallston Harford MARYLAND  
 Town County  
 Date 1902 2 19 33 Ireland Laborer  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's  
 Name

Mother's  
 Maiden Name

Cause of Pneumonia  
 Primary  
 Death Same  
 Immediate

How long sick

one weekAccident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Charles S. Mount

Died at <sup>Town</sup> Michaelsville <sup>County</sup> Harford Co MARYLAND

Date 1912 <sup>Month</sup> 2 <sup>Day</sup> 8 <sup>Age</sup> 53 <sup>Y.</sup> 5 <sup>M.</sup> 3 <sup>D.</sup> 3 <sup>Native of</sup> Farmer <sup>Occupation</sup>

<sup>Male</sup> Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

<sup>Female</sup> Female <sup>Colored</sup> Colored <sup>Single</sup> Single <sup>Widower</sup> Widower <sup>Number of children living</sup> Number of children living

Husband  
of  
Wife

Father's Name Thomas S Mount <sup>Mother's</sup> Sarah Gaskill

Name Thomas S Mount <sup>Maiden Name</sup> Sarah Gaskill

Cause of Death { Primary Cerebral Rupture <sup>How long sick</sup> 24 hours

Death { Immediate Paralysis (cerebral) <sup>Accident, Suicide, Homicide</sup>

Reported by H. Chapman M.D.Address Perryman Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lewis Neiman

Died at <sup>Town</sup> Bel Air <sup>County</sup> Harford MARYLAND

Date 1902 Feb. 24 Month Day Y. M. D. Age 44 Native of Pa Occupation Lineman  
Male White Married ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of Roila Neiman

Father's Name Wm Neiman Mother's Name

Cause of Death { Primary Immediate Acute alcoholic poisoning  
How long sick 3 days  
~~Accident, Suicide, Homicide~~

Reported by A. F. Van Bibber, M.D.

Address Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Charlotte Nolan

Town

County

Died at

Federal Hill

Harford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb. 24

Age 18. 8. 18

Harford

Servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Septic &amp; Pneumonia

How long sick

Accident, Suicide, Homicide

Reported by

F. F. Turner M. D.

Address

Black Horse Ford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Charlotte Nolan</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Federal Hill</i>		Town <i>Harford</i>		State	
Date of death <i>1902 Feb 24</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>20</i>	Years <i>2</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth- place <i>Harford Co Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>Annie Nolan</i>		Mother's Birthplace <i>Harford Co Md</i>			
Name of person giving Information <i>Annie Nolan</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>(10) 4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Attended by J F Turner</i>
Accident or Suicida	Address <i>Black Horse Md</i>

Disinterment and removal from  
West Liberty Grave yard to Federal Hill  
Church

Name in Full

Certificate of Death

Ephemia Poplar

Town

County

Died at

New de Grace Kentford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2, 10

Age 62

Ind

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

7

Husband of

Wife

Father's

Name

Capt. James Poplar

Mother's

Maiden Name

William Peters

Angelina Wood

Cause of

Primary

Death

Immediate

Paralysis

How long sick

10 hours

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

New de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Reburn

Town

County

Died at

Harvardside

Hartford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 17

Age 53

Cecil Co

Labourer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. W. Hopkins M.D.

Address

Harvardside

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full *Frederick Saliy*  
 Town *Heard* County *Harford* *Ms* MARYLAND  
 Died at *Heard*  
 Date 1902 *2.26* Month *2* Day *26* Age *25.4.16* Y. M. D. Native of *Heard* Occupation *Laborer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *John C. Saliy* Mother's Name *L. A. Gullon*  
 Cause of Death { Primary *Organic Heart Disease* Immediate *Heart Weakness* How long sick *2 yrs* Accident, Suicide, Homicide ☐  
 Reported by *Dr. R. W. Smith*  
 Address *Heard* *Grace*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Letitia Slater

Died at <sup>Town</sup> *Darlington*

<sup>County</sup> *Harford*

MARYLAND

Date *1902* <sup>Month</sup> *March* <sup>Day</sup> *20*

<sup>Y.</sup> *70* <sup>M.</sup> *—* <sup>D.</sup> *—*

<sup>Native of</sup> *Pennsylvania* <sup>Occupation</sup> *Servant*

~~Male~~  
Female

~~White~~  
Colored

~~Married~~  
Single

~~Widow~~  
~~Widower~~

~~Divorced~~  
Number of children living *none*

~~Husband~~  
Wife *Joseph Slater*  
Father's

~~Mother's~~  
Name

Cause of { <sup>Primary</sup> *Phthisis*  
Death { <sup>Immediate</sup>

How long sick  
*several years*

~~Accident, Suicide, Homicide~~

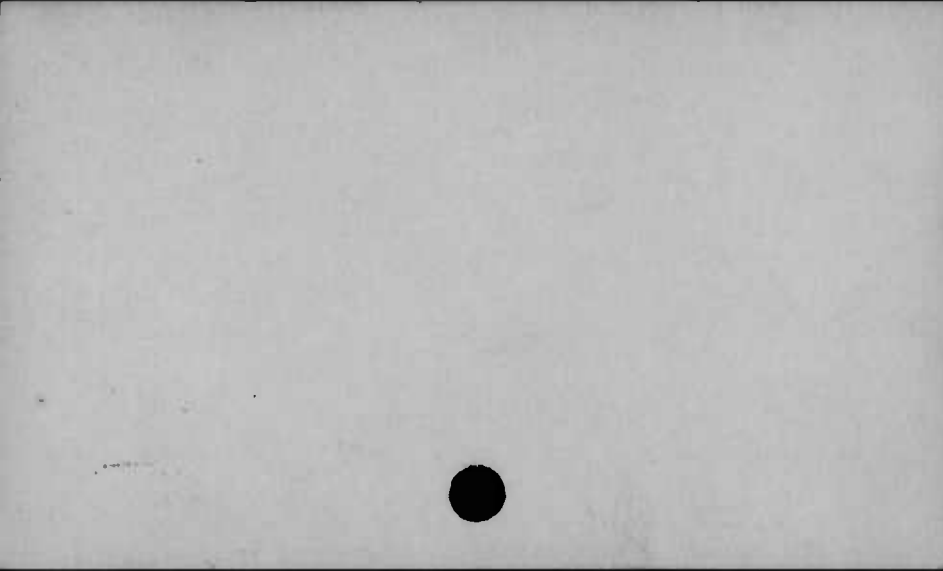
Reported by

*Ephraim Hopkins M.D.*  
*Darlington*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

*Benjamin B. Smith*

Died at *Cambria* Town *1* County *Hagermd.* MARYLAND

Date 189*7* Month *Feb.* Day *8* Y. *1* M. *9* D. Native of *Ind* Occupation  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of  
 Wife  
 Father's Name *Wm Smith* Mother's Name *Millie H Smith*

Cause of Death { Primary *Capillary Bronchitis* Immediate *Cholera* How long sick  
 Accident, Suicide, Homicide

Reported by *R. Warren Ramsey*  
 Address *Delta Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Vancount

Town

County

Died at

Hickory

Stafford

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb.

9

Age

74

Conn.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

Wife

Conn. Vancount

Father's

Mother's

Name

Maiden Name

Jas. M. Ginner

Reynolds

Cause of

Primary

Heart disease

How long sick

1 year

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

F. L. Hughes

Address

Gibson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full *Mr. Clara R. Walker*  
 Town *Pleasantville* County *Harford* MARYLAND  
 Died at *Pleasantville*  
 Date 19*02* *Feb* *1<sup>st</sup>* Y. *40* M. *6* D. *19* Native of *Md* Occupation *Housewife*  
*Male* *White* *Married* *Widow* *Divorced*  
*Female* *Colored* *Single* *Widower* Number of children living *Four*  
 of *Henry Walker*  
 Wife  
 Father's Name *Geo. R. Hunt* Mother's Maiden Name *Rebecca Garrett*  
 Cause of { Primary *Valvular disease of heart* How long sick *15 Mo.*  
 Death { Immediate *Dropsy* ~~Accident, Suicide, Homicide~~  
 Reported by *Mrs. L. Smith M.D.*  
 Address *Jamiesville Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alphonso M. Walton

Town

County

Died at Bel Air Harford Co.

MARYLAND

Date 1902 Feb. 21<sup>st</sup> Age Native of Harford Co. Occupation Gardener.

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's \_\_\_\_\_

Name \_\_\_\_\_

Mother's

Name \_\_\_\_\_

Cause of Primary Chronic interstitial nephritis. How long sick four days.

Death Immediate Pulmonary edema ~~Accident Suicide Homicide~~

Reported by A. F. Van Bibber, M.D.

Address Bel Air, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

February.

Name In Full

Certificate of Death

Elizabeth Ward

Town

County

Died at

Havre de Grace (near) Harford Co. MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Feb 16

Age 79

Harford wife

White

Married

Widow

D.

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

11

Wife

Father's

Name

Mother's

Maiden Name

Janet E Ward

Ford James

Mary James

Cause of

Primary

Heart Disease  
Arteriosclerosis

Death

Immediate

How long sick

Near 1 year

Accident, Suicide, Homicide

Reported by

AC Brothers

Address

Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

902

Date 189

Town

Edgewood

County

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native

Occupation

2 25

Age

51

-

-

House wife

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

9

~~Husband~~~~Wife~~

of

Isaac Welsh

Father's

Name

Frank Scott

Mother's

Name

J. Mary Scott

Cause of

Primary

Hemorrhage

How long sick

1 day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

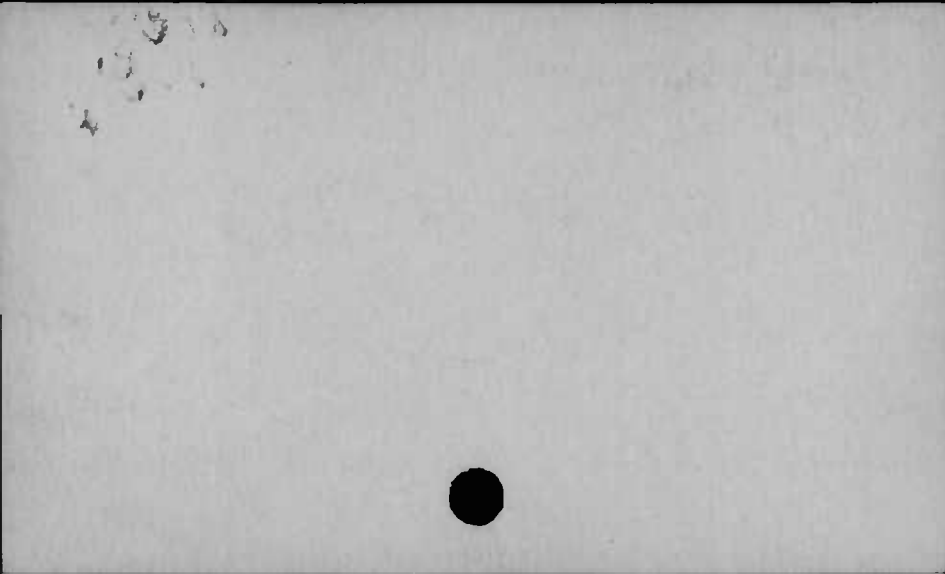
H. T. Mcbeman Undertaker

Address

Chesapeake Harford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65988





Name in Full

Certificate of Death

William H. Nelson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

22

Age 76

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart Disease

79

How long sick

1 3/4

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Kennedy  
Pharmacist

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Unknown Unknown

County

MARYLAND

Died at

Peplesville

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Feb. 13

Age

MRS

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

W. C. McCleary M.D.  
Pottsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

